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June 29, 2016

Mr. Richard Hamel
State of Connecticut Dept. of Corrections
24 Wolcott Hill Road
Wethersfield, CT 06109

Subject: PCB Abatement
Osborn Correctional Institution – Q Building, Somers, Connecticut
DCS Project No. DD-15-36
DCS Building No. 56112
TRC Project No. 250723-0000-0000

Dear Mr. Hamel:

On March 21, 2016, TRC was on-site to provide PCB oversight services at Osborn Correctional Institution in Somers, Connecticut during the abatement of EPA Bulk Product Waste (>50 PPM) PCB containing materials. The abatement contractor for this project was AAIS Corporation of West Haven, Connecticut (AAIS). PCB abatement was done as a performance based project meeting the requirements of the USEPA PCB Regulations (40 CFR Part 761) and Connecticut PCB Statutes (Chapter 446k, Sections 22a-463 through 469).

The scope of work for the project included the abatement of PCB containing window glazing from four windows in the Q-Building bathroom shower areas. The window glazing was characterized as EPA Regulated PCB material after sampling revealed PCB levels (>50 ppm). The window glazing is very soft in texture and was in great condition at the time of removal. AAIS is a licensed State of Connecticut Asbestos Abatement Contractor and all employees performing work on this project were appropriately licensed, trained and medically qualified to perform such work.

Interior work on PCB window glazing in Unit Q-1 and Unit Q-4 bathrooms was performed in regulated work areas by removing the entire unit intact without disturbance of PCB materials utilizing a Sawzall (to cut the retractable arm of window unit) and poly drop cloths. A total of four window sections were removed. Window units were wrapped/secured and deposited into a labeled 55-gallon steel drum for proper disposal.

Following abatement activities, the regulated work areas were visually inspected by TRC. The waste generated during this project was containerized in 55 gallon steel drums and labeled as PCB waste in compliance with CTDEEP/CTDPH, OSHA, DOT and USEPA requirements. The intact window

system was transported to Wayne Disposal, Inc, a TSCA landfill located in Belleville, Michigan.

Enclosed please find the site logs related to this project, contractor training certs and medical clearance reports as well as the signed hazardous waste manifest. If you have any questions, please call TRC at (860) 298-9692.

Very Truly Yours,

TRC

Donald LePage

Donald LePage
Project Manager





SITE LOG

Page 1

Site/Station Osborn Correctional Facility
Somers, CT

Month/Year 3/20/16

Project No. 250723.0003.0000

Date	Time	Instrument and TRO ID	Comments	Initials
3/21/16	0700		Dave Heelon (TRC) & AAIS on site. Supervisor is Oscar Hernandez & 1 worker Nelson Madero. Oscar goes inside bldg. & they tell him he can't go in until later.	DH
	↓			
	0840		We all go into prison & meet our escort (correctional officer). He shows us the bathrooms located in Q unit.	DH
	0900		We come back out & workers go to their truck to get their tools & equipment/supplies. Workers have their Hazwoper Refresher cert, however DH can not make a copy, so TRC office will need to call AAIS to get copies of the Hazwoper refresher certs.	DH
	0915		Workers also bring in a 55 gallon steel drum (to put removed window sashes with PCB's into). Will label outside of drum with PCB sticker & note "BULK product waste, >50ppm"	DH
	0930		We go to Unit Q-1 Bathroom. Workers put on suits & respirators. Worker puts poly drop cloth on floor. There is a remote decon set up. Window is ~ 2' x 1' (small). We are on 2nd floor of Q-1.	DH
	0945		Oscar gets out sashes all & begins to cut hangers of window for removal. The glazing contains PCB's, however no asbestos. Will remove window sash including glazing, fully intact.	DH

SITE LOG

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Site/Station Osborn Correctional Facility
Somers, CT

Month/Year 3/20/16

Project No. 250723.0003.0000

Date	Time	Instrument and TRC ID	Comments	Initials
3/21/16	1040		Window sash is removed. Oscar wraps it in poly. Worker takes up poly drop cloth from floor. DH does final inspection (OK)	DH
	↓			
	1050		Workers move to 2nd window to get removed located on 1st floor of Q-1 Block in bathroom. Put poly drop cloth on floor. Wearing suits + respirators. Oscar uses saws-all to cut out window.	DH
	1145		2nd window removed + wrapped in poly. Worker takes up poly drop cloth. Decon out. DH does final visual inspection (OK).	DH
	1200		We move to Q-9 unit across hall. On 2nd floor to remove window with PCB glazing from bathroom. Worker puts down poly drop cloth on floor. Suits + respirators	DH
	1215		Oscar uses saws-all to remove 3rd window	DH
	1315		3rd window/glazing removed. Oscar wraps in poly. Worker takes up drop cloth. Wrapped window/PCB glaze gets put into 55 gallon steel drum. DH does inspection (OK)	DH
	1325		We move to 1st floor of Q-9 unit put on suits + respirators. Worker puts poly drop cloth on ground in bathroom below window.	DH
	1335		Oscar uses saws-all to remove 4th window sash.	DH
	1420		4th (and final) window with PCB glazing removed. Oscar wraps in poly + worker removes poly drop cloth. All 4 windows with PCB glazing put into 55 gallon steel drum. PCB sticker gets placed on drum. "Bulk product waste. > 50 ppm". This completes this job. DH	DH

1430 off site.

1430 off site.



Certificate of Completion

Presented to

David Heelon

of

TRC

for successful completion of

HAZWOPER 8-Hour Refresher Suite (IACET CEU=0.8)

Dated: 01-10-2016

Training Certificate

Nelson Matteo

**Has successfully completed 8 hour refresher training for
Hazardous Waste Operations and Emergency Response**

In accordance with 29 CFR 1910.120

Course Completion Date: 1/23/2016

Expiration Date: 1/23/2017

Certificate # AIS012316-70

Trainer: Rich Meier #329



Concentra Medical Centers (CT)

701 Main Street EAST HARTFORD, CT 06108
 Phone: (860) 289-3581 Fax: (860) 291-1895

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 07/09/2015

Employee Name:

Employee SSN: XXX-XX-3048

Mateo, Nelson Jr.

Address:

PO Box 261565

HARTFORD

CT

06126

Employer: AAIS

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ☒ one that applies)

- ☒ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ☒ ALL that apply)

- ☒ ARE qualified to wear a respirator.
☐ Have the following restrictions concerning respirator usage: _____
☐ ARE NOT qualified to wear a respirator.
☐ Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
☐ Must wear Special prescription eye wear needed to accommodate respirator.
☐ Must use an Eye glass conversion kit.
☐ May need to shave Facial hair to assure tight seal on certain face masks.
☐ Need to stop smoking.

(Check ☒ ALL that apply)

- ☒ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☒ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the contaminant and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Worker must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

Richard St. Dennis PA-C

PLHCP Name (printed)

Physician or other Licensed Healthcare Professional

Nelson J. Mateo
 Employee's Signature
 7/9/15

Expiration Date

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (CT)
 701 Main Street EAST HARTFORD, CT 06108
 Phone: (860) 299-5561 Fax: (860) 291-1888
Medical Surveillance - Asbestos

Service Date: 07/09/2015

Patient: Mateo, Nelson J.	Job Title:
SSN: XXX-XX-3048	Employer: AAIS
DOB: 12/22/1988	Address: PO Box 26066
Gender: M	West Haven, CT 065168066
Marital Status: S	Job Contact: Danjella Pellegrino
Address: PO Box 261565	Role: Primary Contact
HARTFORD, CT 06126	Phone: (203) 932-2982 Ext.: 219
Home Phone: (860) 798-4947	Fax: (203) 932-9892
Work Phone:	Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 07/09/2015 in accordance with: 29 CFR 1926.1101.
 40 CFR 763.121.

The following was performed:

- ☐ Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- ☐ Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- ☒ Review of information from previous medical examinations if available.
- ☒ A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- ☒ A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- ☐ A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- ☐ NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- ☒ The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any):

Provider Signature

Richard St. Dennis PA-C

Date

7/9/15

Concentra Medical Centers (CT)

701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5661 Fax: (860) 281-1895

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Mateo, Nelson J.Employer: AAIS

Address:

PO Box 261566

HARTFORD

CT

06126

Employee SSN: XXX-XX-3048Check Type of Respirator(s) To Be Used (Check ☒ ALL that apply)

- ☒ Air-purifying (non-powered) ☐ Air-purifying (powered)
☐ Atmosphere supplying Respirator
☐ Combination air-line and SCBA
☐ Continuous-Flow Respirator
☐ Supplied-Air Respirator
☐ Open Circuit SCBA ☐ Closed Circuit SCBA
☒ Dust Mask ☒ 1/2 Face with Canisters ☒ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions
(Check ☒ ALL That Apply When Wearing Respirator)

- ☒ High Places ☐ Enclosed Places ☒ Protective Clothing
☐ Temperature Extremes ☒ Mostly Cold ☒ Mostly Hot
☐ Other: _____

Questionnaire will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHERExtent of Usage (Check ☒ ALL that apply)

- ☐ On a daily basis 8 Total Hours
☐ Occasionally - but not more than twice a week _____ Total Hours
☐ Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ☒ ALL that apply)

- ☐ Light ☒ Moderate ☐ Heavy

Exposure to Hazardous Materials (Check ☒ ALL that apply)

- ☐ Arsenic ☐ Benzene
☐ Coke Oven ☐ Cotton Seed / Dust
☐ Cadmium ☐ Formaldehyde
☐ Methylene Chloride ☒ Lead
☐ Textiles ☐ Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY:

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ☒ ALL that apply)

- ☐ Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
☒ Class I - No Restrictions on Respirator Use
☐ Class II - Some Specific Use Restrictions ☐ To be used for Emergency Response or Escape Only ☐ Other: _____
☐ Class III - Respirator Use is NOT PERMITTED
☐ Further Testing / Evaluation is Required.²
☐ Fit Test Required ☐ Fit Test Performed Satisfactorily
☐ Fit Test Performed Unsatisfactorily ☒ Fit Test NOT Performed at: Concentra Medical Centers (CT)
☐ Special prescription eyewear needed to accommodate respirator ☐ Special prescription eyewear needed to accommodate respirator
☐ Facial hair needs to be shaved to assure tight seal on certain face masks.

¹Physician or other Licensed Healthcare Professional²Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to(Check ☒ ALL that apply)

- ☐ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix G Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☒ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

Dr. Dennis

Physician's License Number (Optional in Most States)

Richard St. Dennis PA-C

Physician's Name (Printed)

Date of Exam 7/9/15Expires On 7/9/16

r_plhcp_stmt_resp_employer

Page 1 of 1

Print Date: 07/09/2015

Revision Date: 06/29/1999

To be maintained in the employee's file with a copy to the employee



SELECTIVE DEMOLITION • ASBESTOS • LEAD • MOLD



RESPIRATOR FIT TEST

Employee Name: NELSON MATEO

Social Security #: 3048

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 07/09/15

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North ½ Face (7700-30)

Small / Pass
Medium / Pass
Large / Pass

Type of Respirator: Rascal PAPR / Pass

Type of Respirator: North Full Face / Pass

Type of Respirator: 3M P.A.P.R. / Pass

Employee Signature: Nelson Mateo Date: 07/09/15

Administrator: [Signature] Date: 07/09/15

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 02/25/2016

Employee Name:

Hernandez, Oscar

Employee SSN: XXX-XX-4724

Address:

22 Putnam Dr.

ENFIELD CT 06082

Employer: AAIS

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ☒ one that applies)

- ☒ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- ☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ☒ ALL that apply)

- ☒ ARE qualified to wear a respirator.
- ☐ Have the following restrictions concerning respirator usage: _____
- ☐ ARE NOT qualified to wear a respirator.
- ☐ Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- ☐ Must wear Special prescription eye-wear needed to accommodate respirator.
- ☐ Must use an Eye glass conversion kit.
- ☐ May need to shave Facial hair to assure tight seal on certain face masks.
- ☐ Need to stop smoking.

(Check ☒ ALL that apply)

- ☐ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☒ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

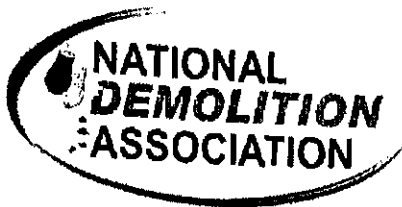
PLHCP Name (printed)

¹Physician or other Licensed Healthcare Professional

Employee's Signature

Expiration Date

To be maintained in the employee's file with a copy to the employee



RESPIRATOR FIT TEST

Employee Name: OSCAR Hernandez

Social Security #: 4724

Location: 802 Boston Post Road, West Haven, CT 06516

Location if different from above: _____

Date Tested: 2-14-2016

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North 1/2 Face (7700-30 Small Medium or Large)

Test Results: Pass - Fail

Type of Respirator: Racal PAPR

Test Results: Pass - Fail

Other Type of Respirator Full FACE A.P.R.

Test Results: Pass - Fail

Employee Signature: [Signature] Date: 2-14-16

Administrator: Chris Perunetti Date: 2-14-16

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 40CFR PART 761	2. Page 1 of 1	3. Emergency Response Phone 860.267.6300	4. Manifest Tracking Number 010715990 JJK	
5. Generator's Name and Mailing Address State of CT Department of Construction Services 166 Capitol Avenue Hartford CT 06106			Generator's Site Address (if different than mailing address) State of CT Department of Construction Services 100 Bliton Road Somers CT 06071			
Generator's Phone: 860 713 5850						
6. Transporter 1 Company Name RED Technologies, LLC.			U.S. EPA ID Number CTR000505958			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address Wayne Disposal, Inc. Site #2 Landfill, 49350 N I-94 Service Drive Belleville MI 48111			U.S. EPA ID Number MID048090633			
Facility's Phone: 800 562-5480						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. RQ UN3432, Polychlorinated biphenyls, solid 9, PGIII	001	DM	50	P	CR01 PCB6
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1)(3) Job #15-022 weight is estimated out of service date 04-25-1998 XERC#171						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name Bayer Azon Inc Agent for CT doc			Signature <i>[Signature]</i>		Month 4	Day 25 Year 1998
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name E.D. HUBBARD			Signature <i>[Signature]</i>		Month 4	Day 24 Year 1998
Transporter 2 Printed/Typed Name			Signature		Month	Day Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name			Signature		Month	Day Year